

## SR22/26 and IHPS Online User Application

Use this form to request access to the SR22/26 and IHPS online databases. The Office Operations Manager or Supervisor should fill out this form. Send the completed form to: **Programs & Services, Contracts & Programs MS: 48111, Department of Licensing, PO Box 9030, Olympia, WA 98507**. For additional information, email us at PSDCPCONTRACTS@dol.wa.gov.

We are committed to protecting personal information. There is no guarantee you will be provided the information. We release information in accordance with the federal Driver Privacy Protection Act (DPPA) and Washington State laws. The DPPA restricts redisclosure of personal information obtained from vehicle records. An authorized recipient may only redisclose information for a permitted use.

Access requested (*please check all that apply*): ☐ SR22/26 ☐ IHPS

### User information

TYPE or PRINT Business name		User ID (assigned by DIS)
Physical address ( <i>Address, City, State, ZIP code</i> )		
Mailing address, if different than above ( <i>Address, City, State, ZIP code</i> )		
(Area code) Telephone number	(Area code) Fax number	Email
Business description ( <i>attach additional pages, if needed</i> )		
Explain why you are requesting drive record data and how it will be used		
Answer the following Do you understand that you must notify DOL within 30 days of any changes to the information provided in this form? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No		

### User contact information

<b>1 Manager</b>		
Name		Title
Mailing address ( <i>Address, City, State, ZIP code</i> )		
(Area code) Telephone number	(Area code) Fax number	Email
<b>1 Daily operations</b>		
Name		Title
Mailing address ( <i>Address, City, State, ZIP code</i> )		
(Area code) Telephone number	(Area code) Fax number	Email
Explain the relationship of this individual to your business		

*I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.*

\_\_\_\_\_  
 Date and place signed
 
**X**  
 \_\_\_\_\_  
 Contract manager signature

\_\_\_\_\_  
 Printed name
 
 \_\_\_\_\_  
 Title

For office use only		
Application received ( <i>date</i> )	Received by ( <i>Driver Services</i> )	Action taken Approved _____ Denied _____ Applicant notified _____

## Ethics Certification for Current Washington State Employees or Officers

Associates of the User who are currently employed by or are an officer of the state of Washington must complete this form.

User name	Services User will provide
Current state officer/Employee name	Current state job title
Current state employer	
<p>Answer the following</p> <ol style="list-style-type: none"> <li>1. I am a current employee, member, manager, officer, director, and/or partner of the above-named User. . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>2. My role with the above-named User is not in conflict with the proper discharge of my official duties as a state officer or employee. . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>3. I will not receive anything of economic value under the User as defined in RCW 42.52.010 (20). . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>4. I have complied with RCW 42.52.030 (2). . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>5. The User is genuine and I will actually perform work under the User. . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>6. Performance of the User is not within the course of my actual duties or under my direct supervision in my capacity as a state officer or employee. . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>7. Performance of the User will not require me to reveal any confidential information or cause me to violate any state agency rules pertaining to outside employment. . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>8. The User is neither performed for nor compensated by someone from whom I am prohibited from accepting a gift (those prohibited gift givers include all persons who are regulated by DOL). . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>9. The User is not one expressly created or authorized by me in my official capacity as a state officer or employee. . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>10. The User was obtained as part of an open and competitive bid process and my bid was not the only bid received. . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No</li> </ol> <p>If no, attach a copy of your Executive Ethics Board approval. You can contact the Executive Ethics Board at 360-664-0871 or by email at <b>ethics@atg.wa.gov</b>.</p>	

*I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.*

Date and place signed		<b>X</b>	Current state officer/Employee signature
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## Ethics Certification for Former Washington State Employees or Officers

Associates of the User who are currently employed by or are an officer of the state of Washington must complete this form.

User name	Services User will provide	
Former state officer/employee name	Former position title	
State agency where last employed	Termination date (mm/dd/yyyy)	

Answer the following

1. Have you worked for Washington State ("State") within the past two years? . . . . . ☐ Yes ☐ No  
If "no," skip to question 7.
2. Have you worked for the State in the last year? . . . . . ☐ Yes ☐ No  
If "no," skip to question 6.
3. Did you, during the two years immediately preceding termination of state employment, engage in the negotiation or administration on behalf of the State or agency of one or more Users with your current employer? . . . . . ☐ Yes ☐ No  
If "no," skip to question 6.  
If "yes," were you in a position to make discretionary decisions affecting the outcome of such negotiation or the nature of such administration? . . . . . ☐ Yes ☐ No
4. Did the User or Users have a total value of more than ten thousand dollars (\$10,000)? . . . . . ☐ Yes ☐ No  
If "no," skip to question 6.

If you answer "yes" or are unsure about the following questions (#5-9), you must contact the Executive Ethics Board at 360-664-0871 or by email at **ethics@atg.wa.gov**.

5. Do your duties or the activities with your current employer include fulfilling or implementing, in whole or in part, the provisions of such a User or Users or include the supervision or control of actions taken to fulfill or implement, in whole or in part, the provisions of such a User or Users? . . . . . ☐ Yes ☐ No
6. Do you have a direct or indirect beneficial interest in a User or grant that was expressly authorized or funded by specific legislative or executive action in which you participated while a state officer or employee? . . . . . ☐ Yes ☐ No
7. Do you know or have reason to believe that the offer of employment or compensation by your current employer was intended, in whole or in part, directly or indirectly, to influence you, or as compensation or reward for your performance or nonperformance of a duty during the course of your State employment? . . . . . ☐ Yes ☐ No
8. Would the circumstances lead a reasonable person to believe that you gave the offer of employment or compensation by your employer for the purpose of influencing the performance or nonperformance of duties during the course of your State employment? . . . . . ☐ Yes ☐ No
9. Do your duties or activities with your current employer involve assisting another person, whether or not for compensation, in any transaction involving the State in which you participated at any time during your State employment? . . . . . ☐ Yes ☐ No

"Employer" means a person as defined in RCW 42.52.010 or any other entity or business that the person owns or in which the person has a controlling interest.

*I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.*

Date and place signed	<div style="display: inline-block; text-align: center; margin-right: 10px;"> <b>X</b>          Former state officer/Employee signature       </div>
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